DOCUMENT RESUME

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ABSTRACT

Designed for the general public, these three learning modules utilize text, illustrations, and exercises to describe various methods of birth control. The first module, "All about Contraception for the Teenage New Mother" by Rose Mary Pries, discusses the desirability of planned pregnancy and reviews the effectiveness and side effects of birth control pills, intrauterine devices, condoms, and foams. The second module, "Birth Control Pills" by Diann DeJong, describes how the pill prevents pregnancy, identifies the physical conditions which indicate that a woman should not take the pill, examines side effects, and discusses the menstrual changes to expect when taking the pill. The third module, "Functional Aspects of Vasectomy" by Louis G. Audette, details the physiology of the sperm transport and ejaculatory mechanism, explains the effects of a vasectomy on this mechanism, and refutes the popular beliefs that vasectomies are irreversible, result in castration, and cause hormonal imbalances. Each of the illustrated modules provides sequential reinforcement exercises with immediate feedback and concludes with a post-test and accompanying answer key. The length of time required to complete each module ranges from 15 to 20 minutes. (JP)

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HEALTH INSTRUCTION PACKAGES:

CONSUMER -- BIRTH CONTROL

Learning Modules prepared by:

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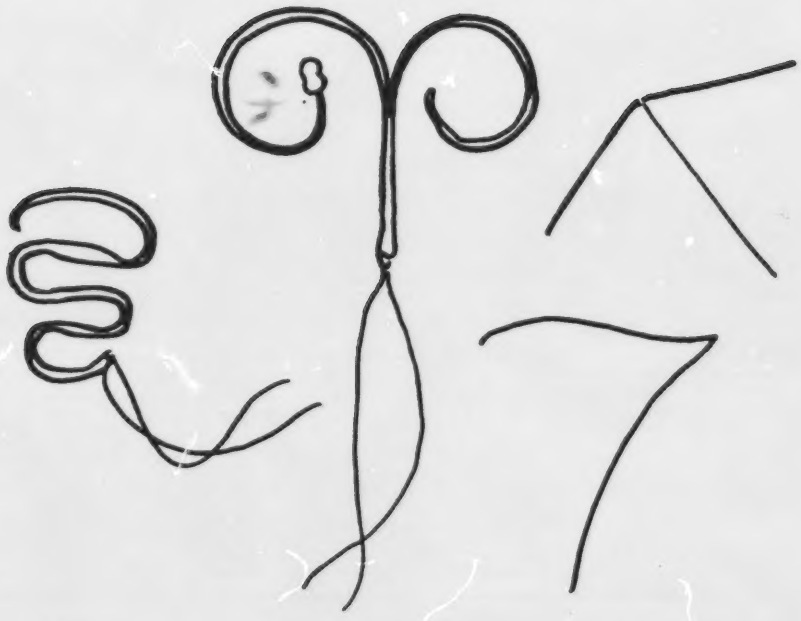
ALL ABOUT CONTRACEPTION FOR THE TEENAGE NEW MOTHER

By

Rose Mary Pries



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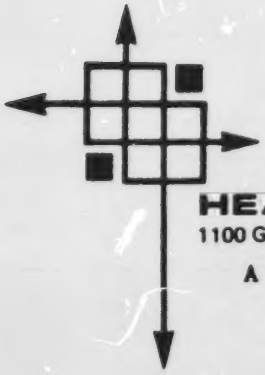
TITLE OF PACKAGE:	All About Contraception for the Teenage New Mother
AUTHOR:	Rose Mary Pries
INSTITUTION:	St. Louis (Mo.) County Dept. of Community Health and Medical Care
ESTIMATED WORKING TIME:	20 minutes
MATERIALS NEEDED:	None

FIELD TEST COPY



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INTRODUCTION

You've come a long way in the past nine months. A lot has happened to you and you've made many decisions. There's still one important decision to make before you leave the hospital. No, it's not your baby's name.

It concerns birth control. For your sake and for your future babies, it's important to plan your next pregnancy. Mothers and babies are healthier if babies don't come too close together.

An effective method of birth control will also guarantee that your plans to return to school, your job or that time you want to spend with your new baby won't be interrupted by another pregnancy.

OBJECTIVES OF UNIT

OVERALL OBJECTIVE

An adolescent post-partum patient will be able to effectively use a method of contraception and will continue to use it until she decides she wants to become pregnant again.

SUB-OBJECTIVES

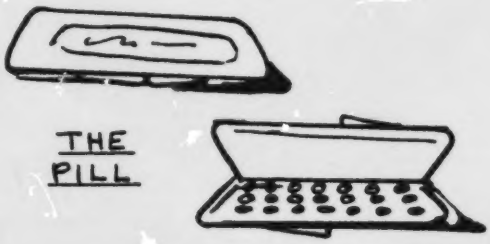
1. An adolescent post-partum patient will be able to name at least 2 effective methods of contraception and at least 1 advantage or disadvantage of each.

2. An adolescent post-partum patient will be able to recognize at least 1 possible side effect of each method, including those requiring immediate medical attention.

3. An adolescent post-partum patient will be able to name three reasons why it is of benefit to plan pregnancies.

4. An adolescent post-partum patient will state a willingness to use an effective method of contraception until she wishes to become pregnant again.

Want to know the best ways to prevent pregnancy?



Almost 100% effective. No fuss, no muss. Just take every day as directed.

Want a method that's almost foolproof? Won't interfere with sex. Just check once a month to see if it's in place.

Having sex only once in a while? Don't want to interfere with your body's natural hormones? The <u>diaphragm</u> with jelly or cream is for you.

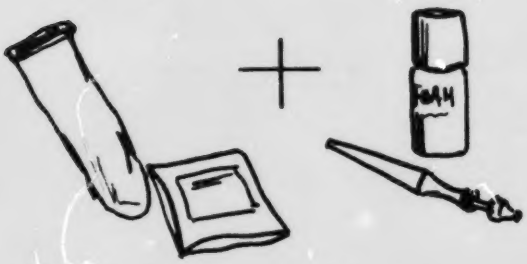
Want a method that shares the responsibility of birth control with your partner? That you can get with no hassle at any drugstore. That's <u>foam and condoms.</u>

What about douching, withdrawal, having sex standing on your head, trying not to "come"? They don't work! If you want to prevent pregnancy, use one of the methods pictured.

PRACTICE QUESTION #1

Can you name these four most effective methods of birth control without looking at the other page.

1



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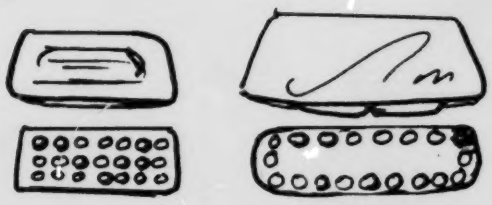

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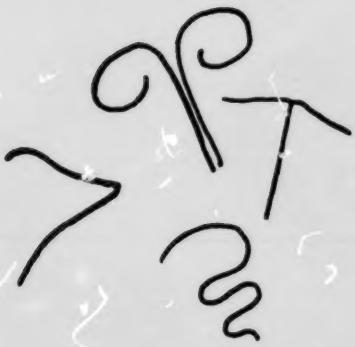


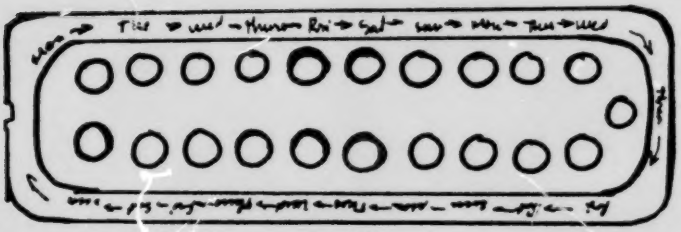
Feedback

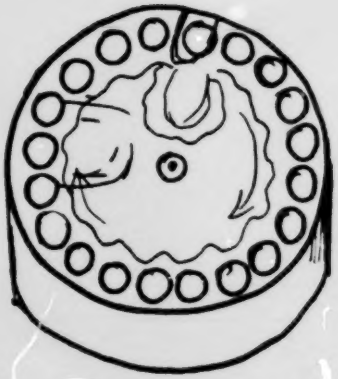
1) condom and foam 2) pills 3) diaphragm 4) IUD's

If you got those right, good for you!

Keep going to learn more about them.

THE PILL





A very effective method! By rearranging your balance of female hormones, the pill stops production of the egg. If there's no egg, there's no chance of pregnancy. The pill doesn't interfere with the sex act and is easy to take. It must be taken at the same time each day. Maybe you could do it with brushing your teeth each morning or watching your favorite soap opera every afternoon (just don't forget it on weekends when the "soaps" aren't on!!)

Some women experience side effects when taking the pill. Some side effects are just annoying, like weight gain, spotting, nausea, acne or tender breasts. These may get better with time. But some are your body warning you of serious trouble. These are severe headache, blurred vision or flashing lights, severe leg or chest pain. DON'T ignore these! Call your doctor at once! Fortunately, this kind of trouble is very rare.

PRACTICE QUESTION #2

Below is a list of possible pill side effects. Check the ones for which you'd get help right away.

___nausea

___severe headache

___blurred vision

___weight gain

___acne

___flashing lights

___spotting between periods

___severe leg or chest pains

Feedback

If you'd call your doctor for severe headache, blurred vision, flashing lights, or severe leg or chest pain, you're right on target and doing your body a big favor.

Although many women find birth control happiness with the pill -- it's not the best way for everyone.

PRACTICE EXERCISE #3

THE IUD

For a more hassle-free method of birth control, you might want to think about the IUD. IUD's are small plastic shapes. Some are wrapped with copper wire.

A doctor places them in your womb and for reasons we don't know yet, they keep you from getting pregnant. But as neat and effective as the IUD is, it does have some drawbacks. It may cause mild cramps and heavier than usual menstrual flow. These usually get better after 2 or 3 periods. Of course, severe cramps should alert you to call your doctor.

Your body may even try to reject the IUD. After all, it's a foreign invader. It could do it without your even knowing it.

This is why you'll be taught to check each month to make sure it's in the right place.

Because you've just had a baby, an IUD can't be placed in your womb right away. You'll need to use some form of birth control until your doctor says you're ready for an IUD (usually at your 6 week check-up). In the meantime, maybe you'd like to take the pill or use foam and condoms.

PRACTICE QUESTION #3

If you decide the IUD is for you, what's one thing you'll have to remember to check each month?

Feedback

I hope you'll remember to check to make sure it's in the right place.

PRACTICE EXERCISE #4

THE DIAPHRAGM

If you only have sex once in a while or are hesitant about taking the pill or using an IUD, but still want a good method, the diaphragm may be for you.

The diaphragm covered with sperm-killing jelly or cream is placed in the vagina where it acts as a barrier. Don't worry, no one will feel it in there while you're having sex.

Two big complaints about this method are that it's inconvenient (You have it put in before sex and leave it in for 8 hours). And because it must be used with cream or jelly, it can get messy. (A tampon is a good idea after a romantic morning.)

But used right, it's only slightly less effective than the pill or IUD. If you decide to use a diaphragm, you'll be fitted with one your size and given more detailed instructions on how to use it. We want you to feel comfortable and successful at using this method.

PRACTICE QUESTION #4

To make using the diaphragm less of a mess, you can just use it, with cream or jelly and then take it out and douche, right?

Feedback

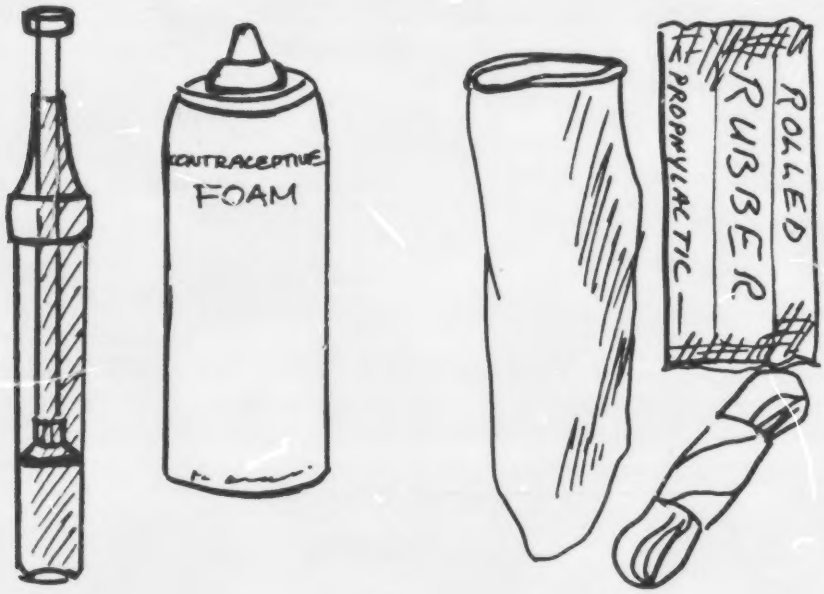
WRONG!! Be sure to use cream or jelly and

leave it in place for 8 hours. No douching until that time either. This may be a hassle, but isn't an unplanned pregnancy???

PRACTICE EXERCISE #5

FOAM and CONDOMS

Let's not forget the old standbys --- foam and condoms (rubbers, safes)



There's lots of pluses to foam and condoms.

-- no prescription needed
-- any drugstore has them
-- easy to use
-- shares the responsibility for birth control with your partner
-- protects against V.D.

Does that make them perfect? Of course not!

The foam can be messy. But the two used together, they're more effective than either one used alone.

They must also be used correctly. A new condom must be used for each sex act. Some men think putting on a condom in the middle of sex is a big hassle. If you help put it on, it can be a big help. Your partner might even like it.

1. Remember to put it on an erect penis, before any sexual contact.
2. Be sure to leave about 1/2 inch at the tip.
3. Never use vaseline with a condom. This can weaken the rubber and cause a tear.
4. After sex, have your partner hold on to the rim of the condom to keep it from leaking or spilling as he withdraws.

The only possible side effect of this method is a skin irritation from the foam. If this happens, try changing brands.

Foam and condoms are also a great back-up method if you forget to take a pill 2 days in a row or if you're on vacation and forget your diaphragm.

PRACTICE QUESTION #5

What are the most important things to remember in using foam and condoms?

Feedback

If you said

1. To put it on an erect penis before sexual contact
2. To leave 1/2 inch at the tip
3. To not use Vaseline
4. To have your partner hold on to the rim as he withdraws,

you answered right!!

We haven't tried to tell you everything about each method. This was just to let you know the choices of birth control available to you. You'll get more detailed information on the one you choose before you leave the hospital.

If you have questions about these methods, ask the nurse of your doctor.

If you have problems once you're home, or decide the method you chose just isn't for you, call your doctor or clinic. But don't stop using some effective method of birth control.

POST-TEST

1. Jennifer, aged 16, is having sex with Matt on a regular basis. She confides to you that she has trusted him to "pull out" in time to keep from getting pregnant. She asks you if you think this is OK. If not, can you suggest something better?

2. Below is a list of birth control methods and possible side effects. (Some methods have more than one side effect; some side effects are common to more than one method.)

   List the numbers of all side effects that apply below each method.

   a. Birth control pills

   _____

   b. Diaphragm and cream or jelly

   _____

   c. I.U.D.

   _____

   d. Foam and condom

   _____

   1) weight gain
   2) skin irritation
   3) severe cramping
   4) flashing lights or blurred vision
   5) heavier menstrual flow
   6) tender breasts
   7) splotchy complexion
   8) severe headaches
   9) nausea
   10) severe pain in chest or legs
   11) slightly increased cramps

3. Look back to Question #2. List the numbers of all side effects that you'd call your doctor right away about.

4. Sally, aged 17, has been taking birth control pills, but is tired of feeling puffy due to the weight gain that pills sometimes cause. She wants to stop taking them and find another method.
   What should she do?

5. Lynn, aged 18, has a little boy named Danny, who is 6 months old. She says she doesn't care if she gets pregnant again soon, even though she dropped out of high school and doesn't have a job. As Lynn's best friend, can you think of any reasons why you would try to convince her to plan her next pregnancy?

6. What method of birth control do you plan to use when you go home from the hospital?

POST-TEST ANSWERS

1. I hope you told Jennifer that birth control pills, an IUD, a diaphragm or foam and condoms are much more reliable.

2. a. Birth control pills

   1,4,6,7,8,9,10

   b. Diaphragm and cream or jelly

   2

   c. I.U.D.

   3,5,11

   d. Foam and condom

   2

3. 3), 4), 8), & 10)

4. Sally should call the clinic and either continue to take her pills or use a reliable temporary method like foam and condoms until she gets to see the doctor.

5. As her good friend, you should realize Lynn and her future babies will be healthier if she waits awhile before having another baby. That she could go back to school or get a job without the interruption of another pregnancy. It would also give her time to spend with Danny in the important months as he grows up.

6. If you said birth control pills, an IUD, a diaphragm and cream or jelly, or foam and condoms, <u>good for you</u>, you choose an effective method of birth control.

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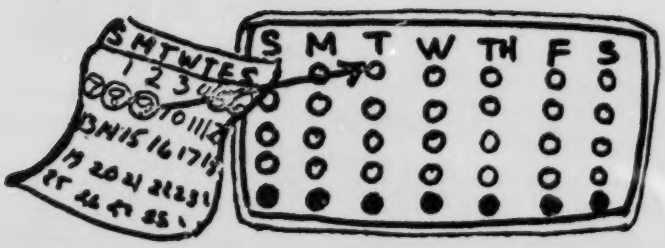
BIRTH CONTROL PILLS

by

Diann DeJong



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TITLE:	Birth Control Pills
AUTHOR:	Diann DeJong
INSTITUTION:	Glendale, Ariz.,Public Health
INTENDED STUDENTS:	Patients beginning to take birth control pills
ESTIMATED WORKING TIME:	20 minutes
MATERIALS NEEDED:	None
REVISED:	Nov. 1, 1977

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By the time you complete this learning unit, you will be able to identify the correct method of taking your birth control pills.

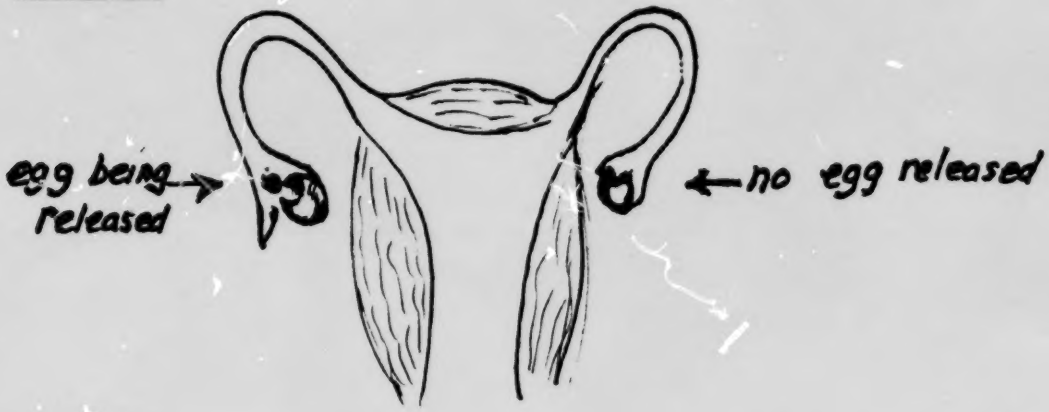
You will identify how the pill prevents pregnancy; conditions of women who shouldn't take the pill; side effects that should be reported to the nurse; when and how to take the pill and what menstrual changes to expect.

The author hopes you will find the unit valuable and will recommend it to others.

Birth control pills come in several dosages and must be prescribed by your doctor. The birth control pills contain female sex hormones (estrogen and progestogens) and are made to stop the release of an egg from the woman's ovaries. If there is no egg, pregnancy cannot occur. See drawing #1.

To keep the woman's body from releasing eggs, a pill must be taken every day of the month without stopping (unless your doctor tells you to use a different cycle).

Drawing #1



Question #1 (Circle correct answer)

How do birth control pills prevent pregnancy?

a. No one knows for sure.

b. Prevents the release of an egg.

Feedback

The correct answer is b. "Prevents the release of an egg."

Some women should not take birth control pills. DO NOT take the pill if you have ever had or now have:

- blood clots or inflammation of the veins
- liver disease
- cancer of the uterus or breast
- unusual bleeding from the vagina
- are pregnant

There are other medical conditions which may also prevent you from taking birth control pills.

Question #2

If a woman wants some type of birth control, and has a history of blood clots or inflammation of the veins, liver disease, cancer of the uterus or breast, unusual bleeding from the vagina, or is pregnant, should she use birth control pills?

Yes No

Feedback

The correct answer is "No."

Birth control pills contain hormones that stop the release of an egg, as if a woman were pregnant. A few women experience side effects similar to symptoms women experience in early pregnancy. Tenderness of the breasts may occur, morning sickness, darkening of patches of skin, and spotting or bleeding between periods. These symptoms usually disappear in a few days.

You should watch for some conditions. If any of the following occur, call the clinic nurse.

- chest pains
- persistent headaches
- swelling of the ankles
- heavy bleeding of vagina
- blurred vision
- leg cramps
- lumps on breast
- depression or nervousness

Question #3

If you are taking birth control pills and get headaches, chest pains, swelling of the ankles, heavy bleeding of the vagina, blurred vision, leg cramps, lump on breasts, or depression or nervousness, who should you notify?

Feedback

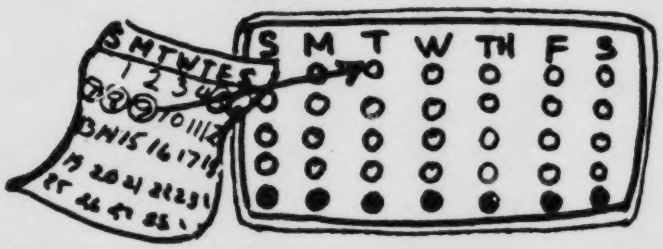
Call the clinic nurse.

Take the first birth control pill on Day 5 of your period. The first day you begin to bleed is Day 1. Then count Day 2, 3, 4, and on Day 5 take your first pill. See Drawing #2.

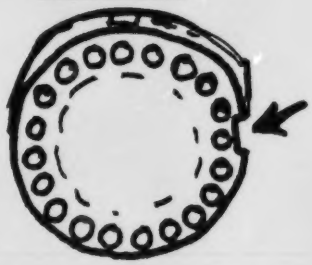
Or, you can take the first pill on the first Sunday after your period starts.

Whether you start taking the first pill on Day 5 or the first Sunday after your period starts, take one pill every day. Start at the upper left hand corner of the package and take the pills in order across the row. Then start the next row. If your package is round, start at the upper right.

Drawing #2



Drawing #3



See Drawing #3. When you have finished one package of pills, start on another package the very next day. Do not skip any days between packages unless your doctor has told you to do so. (Some types of birth control pills require a 5-day "rest" between cycles).

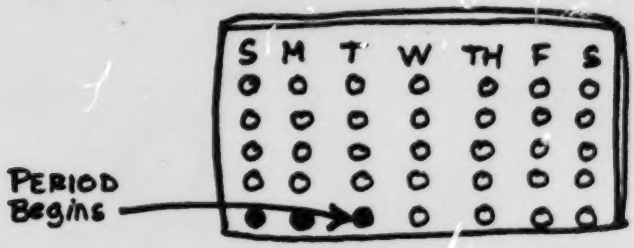
Question #4

When should you start taking birth control pills?

Feedback

The answer is: Day 5 of your period or the first Sunday after your last period.

While you are taking birth control pills your period will start after taking 2 or 3 dark pills.



However, your period may be quite different. It may be very short, very light, or you may just spot. You may even skip a period. This is not unusual. Do not stop taking the pills.

If you miss two periods in a row, come to the clinic for a pregnancy test. Do not stop taking the pills, because you may not be pregnant.

In summary, your period may be shorter, or lighter than normal, or you may even skip a period while taking birth control pills.

Question #5

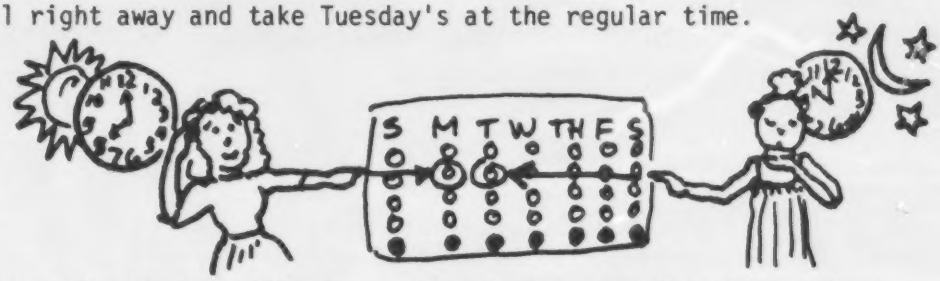
A woman is taking birth control pills. Her period is shorter and lighter than when she did not take birth control pills. One month she did not have a period.

a. This is not unusual
b. This woman is probably pregnant
c. She should stop taking the pill

Feedback

The answer is a. "This is not unusual."

It is best to take your birth control pills the same time each day. What if you forget to take one pill? Maybe you forget to take a pill on Monday. Tuesday morning you remember. What should you do? Take Monday's pill right away and take Tuesday's at the regular time.



What if you forget two pills in a row? Perhaps you forgot to take a pill Monday and Tuesday. What will you do? Take them both as soon as you remember and take Wednesday's at the regular time. This means that you will take three pills on Wednesday.

IMPORTANT. . . . A woman who misses one or two pills may lose that month's protection. Use another method of birth control (foam and condom) as well as the pills until the next period.

When you want to become pregnant, stop taking the birth control pills. Most women become pregnant within a few months after they stop taking the pills.

Question #6

(Circle yes or no).

Yes No a. Birth control pills should be taken the same time each day.

Yes No b. If you forget to take 1 pill, skip it and go on to the next.

Yes No c. Foam or condoms are needed if a woman forgets one or more of her pills.

Feedback

The answers are a. "Yes"

b. "No"

c. "Yes"

POST-TEST

1. Birth control pills prevent a woman from getting pregnant by:
   a. Preventing the release of an egg.
   b. No one knows for sure.

2. a. A woman with a history of cancer of the uterus or breasts, blood clots or inflammation of the veins, liver disease or unusual bleeding of the vagina wants some kind of birth control. Should she use birth control pills?

   Yes No

   b. If she is pregnant should she use birth control pills?

   Yes No

3. What should a woman taking birth control pills do if she starts getting headaches, chest pains, swelling of the ankles, heavy bleeding of the vagina, blurred vision, leg cramps, lump on breast, depression or nervousness?
   a. Don't worry about it.
   b. Call the clinic and tell the nurse.

4. What day should you start taking birth control pills?

5. A woman taking birth control pills may notice changes in her period. They may include which of the following? (Choose one or more).
   a. Very light period
   b. Very short period
   c. Very heavy with blood clots
   d. May skip a period

6. Which of the following are true statements? (Choose one or more).
   a. Take the birth control pills the same time each day.
   b. If you forget to take one pill, take it as soon as you remember.
   c. A temporary form of birth control (foam and condoms) is needed if you forget one or more pills in one month.

ANSWERS TO POST-TEST

1. a. Preventing the release of an egg.

2. a. No
   b. No

3. b. Call the clinic and tell the nurse

4. Day 5 of your period, or the first Sunday after your last period.

5. a. Very light period
   b. Very short period
   d. May skip a period

6. a. True
   b. True
   c. True

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FUNCTIONAL ASPECTS OF VASECTOMY

By

Louis G. Audette

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TITLE:	Functional Aspects of Vasectomy
AUTHOR:	Louis G. Audette
INSTITUTION:	University of Connecticut, Storrs, Conn.
INTENDED STUDENTS:	Public
ESTIMATED WORKING TIME:	15 minutes
MATERIALS NEEDED:	None
REVISED:	September 1, 1977

HEALTH INSTRUCTION EXCHANGE
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A PROJECT OF THE LEAGUE FOR INNOVATION IN THE COMMUNITY COLLEGE

Vasectomy is a minor surgical procedure which results in total male sterilization. It is simple, costs very little, and is practically painless. Although the operation leads to complete loss of fertility, the person who has elected vasectomy experiences no loss of sexual performance. Unfortunately, there are numerous fears and misconceptions about this relatively insignificant operation. If more males understood their own functional anatomy of sperm transport, their fears would evaporate. Consequently vasectomy might become a major factor in family planning, the avoidance of unwanted offspring, and improved marital relationships.

This package will teach you the functional aspects of the sperm transport and ejaculatory mechanism. It will then show you how sperm introduction is interrupted, which is the basis of the vasectomy operation. You will be able to relate three popular misconceptions: the fear of castration, loss of maleness (through hormone imbalance) and irreversibility, to the FACTS of vasectomy, and appreciate their irrelevance. Once the simple logic of the operation is understood, you will be able to form your own value judgment about the worth of the procedure.

As you complete the learning unit, you will label a diagram to show the parts of the sperm transport system related to a vasectomy. Among other facts, you will distinguish between fertility and potency.

Figure 1

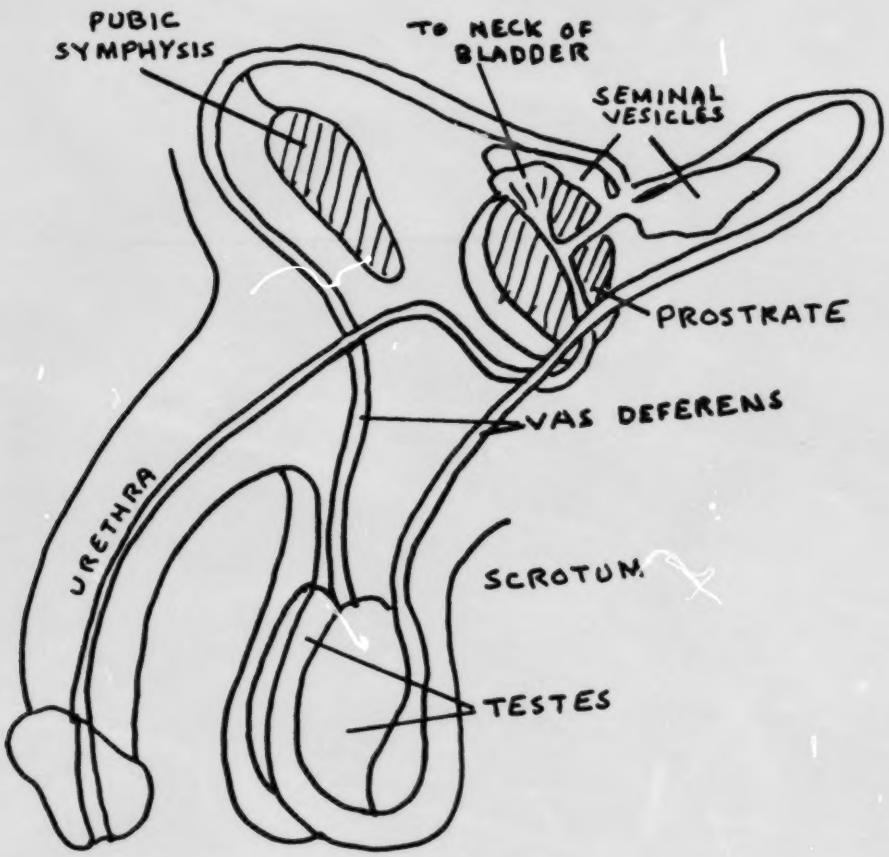
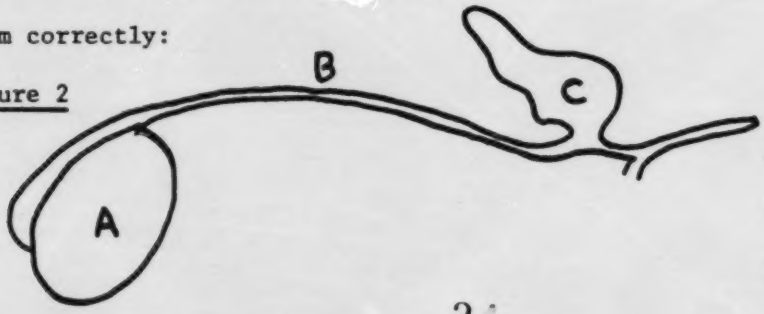


Figure 1 is a fairly realistic (and complicated) medical illustration of the structures which form the sperm transport and ejaculatory system in the human male. Study the illustration and locate the three structures which are essential to the vasectomy procedure; the Testes, the Vas Deferens, and the Seminal Vesicles.

1. On Figure 2, a basic schematization of the medical illustration, identify the same three structures by labeling them correctly:

Figure 2



A _____

B _____

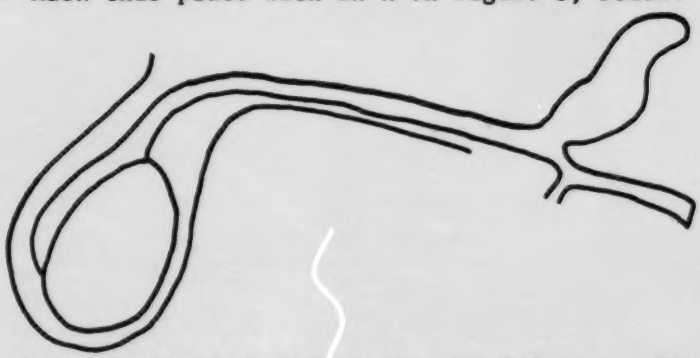
C _____

Sperm is produced by the testes (A). The sperm migrates in a thin, serous fluid up the vas deferens (B), over the inguinal margin and rim of the pelvis to the underside of the bladder and back of the prostate gland, where they join the seminal vesicles (C). These sac-like glandular structures store both the sperm and a thicker, more abundant fluid called semen, until the moment of ejaculation.

In a vasectomy, the introduction of sperm into the semen is prevented by cutting or tying one of the structures in such a way that actual sperm production is not impaired, nor is the secretion and accumulation of semen disturbed. There is one place on one structure where such an interruption can be made.

2. Mark this place with an X on Figure 3, below:

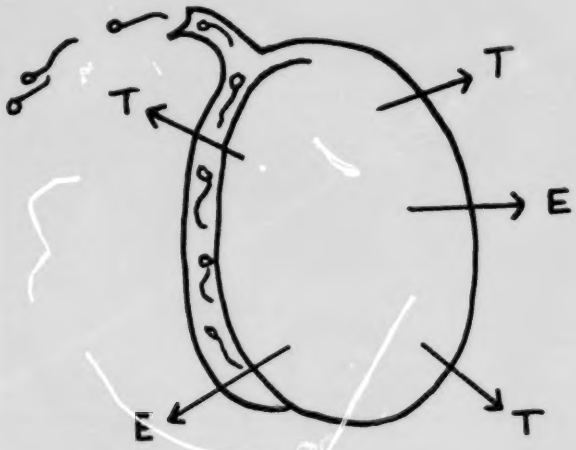
Figure 3



You should have placed your X on the vas deferens. Notice that the vas is close to the surface of the skin of the scrotum, and can easily be reached through a superficial, almost painless incision. REMEMBER! Because there are TWO testes, EACH vas deferens must be interrupted.

In addition to sperm, the testes also produce several hormones, notably estrogen and testosterone. Figure 4 shows the sperm and hormones being produced. The sperm enters the vas deferens, while the hormones are absorbed by the circulatory system. A vasectomy therefore causes no loss of maleness through hormone imbalance, for as you can see it affects only sperm transportation, not hormone production or absorbtion. There is no change in sexual performance, physical sensation, or semen production after a vasectomy. Potency (the ability to have intercourse) is unaffected, only fertility (the ability to bear children).

Figure 4



E= Estrogen

T= Testosterone

3. If the vas deferens is interrupted at some distance from the testes, the testes itself (circle one correct answer):

a. degenerates.

b. reduces its hormone output.

c. becomes impacted with sperm.

d. swells and turns blue.

e. none of these.

You should have circled (e). Normal hormone and sperm production continues in each testes, and excess sperm is simply reabsorbed as a natural body protein.

Vasectomy is occasionally compared, erroneously, to castration. Compare Figure 5 with Figure 2. It is obvious that castration does NOT occur. There is no loss of "maleness" or, for that matter, any body tissue whatsoever.

Figure 5

(castration)

In certain cases, if the interruption of the vas deferens has been performed with minimal scarring, the vasectomy can be reversed; that is, the sperm can be re-introduced to the pooled semen.

4. Besides restoring fertility, reversal of a vasectomy (circle one):

   a. Increases semen output

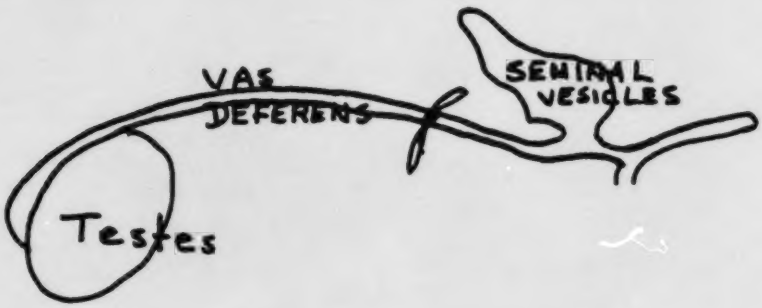
   b. Reduces semen output

   c. Makes no difference in semen output.

Since the seminal vesicles and prostate, which produce the semen, were not disturbed in any way by the operation, restoration of sperm into the semen makes no difference. You should have circled letter (c).

5. Review the sperm transport mechanism by drawing a schematic of it on a separate sheet of paper. Label the major structures and indicate by a drawn separation or a knot where the point of interrupt which constitutes a vasectomy should be placed.

You have demonstrated a good understanding of vasectomy if your drawing has the main features of Figure 6 below:



POST TEST

True or False

( ) 1. Vasectomies are complicated and dangerous.

( ) 2. There is no change in sexual performance, physical sensation, or semen production after a vasectomy.

( ) 3. Hormone production in the testes depends on the intact tube of the vas deferens.

( ) 4. The seminal vesicles store the sperm/semen mixture prior to ejaculation.

( ) 5. Vasectomies can be compared to castration.

( ) 6. Only one vas deferens needs to be interrupted.

7. List three major structures in the sperm transport mechanism:

1.)_____

2.)_____

3.)_____

Would you rate this package as (Circle one):

Patronising Too Simple Easily Understood Too Advanced

If you and your wife were seeking a means of dependable, permanent birth control, would you now consider vasectomy?

Yes No

POST TEST ANSWER KEY

1. F
2. T
3. F
4. T
5. F
6. F
7. Testes
   Vas Deferens
   Seminal vesicles
8. The author hopes you rated the package "Easily Understood" or gave constructive criticism to improve the unit.
9. This is a personal decision to be based on facts like you learned in this package.

ANSWER SHEET FOR PRACTICE QUESTIONS

1. A.

   B.

   C.

2.

3. Circle one: a l c d e

4. Circle one: a b c

5.

ANSWER SHEET FOR POST-TEST

1.

2.

3.

4.

5.

6.

7. 1)

2)

3)

Circle one:

8. Patronising Too Simple Easily Understood

Too Advanced

9. Yes No

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